

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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## Patient Dashboard

**Clark, Tony R**Dr. Colleen Kennedy [Health Record](#)

SSN # Ext. Rec#: (H)  
 Phone [REDACTED]  
 DOB [REDACTED]  
 Age 60 yrs Sex: Male  
 Chart# CLATO0001 Pat. Due \$0.0 [Print Last SMTL](#)

Principal Provider:  
 Referring Provider:  
 Pri. Care Provider:  
 Unread Messages:  
[Message Alert](#)

[History](#)[Edit](#)

## Electronic Notes

Enter Keyword

## Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary InsuranceRecord Exist					

<a href="#">Demographics</a>	<a href="#">Allergies</a>	<a href="#">OmniMD Rx History</a>	<a href="#">Transcriptions</a>	<a href="#">Messages</a>
<a href="#">Insurance Records</a>	<a href="#">Current Medications</a>	<a href="#">All Rx History</a>	<a href="#">Referrals</a>	<a href="#">CDA</a>
<a href="#">Eligibility Info</a>	<a href="#">Medical History _Y_</a>	<a href="#">Rx Refills</a>	<a href="#">Form Records</a>	<a href="#">Lock Users</a>
<a href="#">Advance Directives</a>	<a href="#">Family History</a>	<a href="#">Rx Change Requests</a>	<a href="#">Scanned Documents ✓</a>	<a href="#">Super Bills</a>
<a href="#">Patient Confidentiality</a>	<a href="#">Social History</a>	<a href="#">Lab/Radiology Orders</a>	<a href="#">Patient Flow Sheet</a>	<a href="#">Patient Ledger</a>
<a href="#">Patient Annotations</a>	<a href="#">Immunization</a>	<a href="#">Lab/Radiology Test Results</a>	<a href="#">Active Problem List</a>	<a href="#">Patient Contact</a>
<a href="#">Patient Activity History</a>	<a href="#">HIPAA Disclosure</a>	<a href="#">Progress Report</a>	<a href="#">Pending Immunizations</a>	
<a href="#">Incoming Referral File</a>	<a href="#">Amendment</a>	<a href="#">Patient Education _Y_</a>		
<a href="#">Patient Portal Information</a> ⓘ				
<a href="#">Billing Note</a>				

## Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress ⓘ	Action
<a href="#">11/25/2013</a> 0:00 AM-0:15 AM MON		AUTO		

## Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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## Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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GOVERNMENT  
EXHIBIT  
**607**  
4:18-CR-368

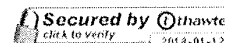
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## Patient Personal Record

<b>Clark, Tony R</b>	Sex	Male	DOB	[REDACTED]	Age	60 yrs
Chart # CLAT00001	SSN #		Phone	[REDACTED]	(H)	

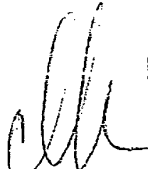
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First Name	<b>Tony</b>	Address1	
Last Name	<b>Clark</b>	Address2	
Middle Initial	<b>R</b>	City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

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Patient Name <b>TONY R. CLARK</b>		DOB [REDACTED]		Rep #	
Home Phone [REDACTED]		Cell Phone		Insurance Information	
Address <b>9837 MERCER DR</b>		City <b>DALLAS</b>		State <b>TX</b>	
Zip <b>75228</b>		Allergies <b>NONE</b>		Diagnosis	
Bin # <b>610014</b>		Group # <b>UH69LTH</b>		Member ID # [REDACTED]	
SS #		Provider <b>MEDCO</b>		Member ID # [REDACTED]	

**Colleen Kennedy, MD**  
 1309 Ridge Rd. Suite 109, Rockwall, TX 75087  
 214-775-1356 (office) 214-613-2231 (fax)  
 Lic#: M7325  
 NPI#: 1508897810

Signature  Date **11/25/18**

**Scar Reduction Cream**

Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

\_\_60GMS \_\_120GMS 240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_4GMS \_\_8GMS \_\_12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_4GMS \_\_8GMS 12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

\_\_60GMS \_\_120GMS 240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

**CONFIDENTIAL****KEN000223**

GX607.003

DOJ-18CR368-0116386

Visit Report - Clark, Tony R - 11/25/2013 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Clark, Tony R** Sex : Male

Chart# : CLATO0001

DOB :

Phone : (H),

Address : , , ,

Ref By :

DOS : **11/25/2013 0:00 AM(CST)** (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications**

**Prescriptions and Lab Orders**

**Diagnoses**

**DIAGNOSES**

**Procedures**

**PROCEDURES**

**Disposition**

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
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## Patient Dashboard

**Meghan, Clark**Principal Provider: **Dr. Colleen Kennedy Health Record**

SSN # [REDACTED]  
 Phone [REDACTED] (H)  
 DOB [REDACTED]  
 Chart # MEGCL0001  
 Age 20 yrs Sex: Female  
 Pat. Due \$0.0 [Print Last STMT](#)

 Referring Provider:  
 Pri. Care Provider:  
 Unread Messages:
[Message Alert](#)[History](#)[Edit](#)

## Electronic Notes

Enter Keyword

## Patient's Primary Insurance Details

Payer / Policy	Group / Plan	Member/ Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

<a href="#">Demographics</a>	<a href="#">Allergies</a>	<a href="#">OmniMD Rx History</a>	<a href="#">Transcriptions</a>	<a href="#">Messages</a>
<a href="#">Insurance Records</a>	<a href="#">Current Medications</a>	<a href="#">All Rx History</a>	<a href="#">Referrals</a>	<a href="#">CDA</a>
<a href="#">Eligibility Info</a>	<a href="#">Medical History</a> <a href="#">v</a>	<a href="#">Rx Refills</a>	<a href="#">Form Records</a>	<a href="#">Lock Users</a>
<a href="#">Advance Directives</a>	<a href="#">Family History</a>	<a href="#">Rx Change Requests</a>	<a href="#">Scanned Documents</a> ✓	<a href="#">Super Bills</a>
<a href="#">Patient Confidentiality</a>	<a href="#">Social History</a>	<a href="#">Lab/Radiology Orders</a>	<a href="#">Patient Flow Sheet</a>	<a href="#">Patient Ledger</a>
<a href="#">Patient Annotations</a>	<a href="#">Immunization</a>	<a href="#">Lab/Radiology Test Results</a>	<a href="#">Active Problem List</a>	<a href="#">Patient Contact</a>
<a href="#">Patient Activity History</a>	<a href="#">HIPAA Disclosure</a>	<a href="#">Progress Report</a>	<a href="#">Pending Immunizations</a>	
<a href="#">Incoming Referral File</a>	<a href="#">Amendment</a>	<a href="#">Patient Education</a> <a href="#">v</a>		
<a href="#">Patient Portal Information</a> <a href="#">v</a>				
<a href="#">Billing Note</a>				

## Cases and Visits

[New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
11/25/2013 0:00 AM-0:15 AM MON		AUTO	<a href="#">1</a>	<a href="#">v</a>

## Patient's Recent and Upcoming Health Alerts

[Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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## Patient's Future Appointments

[Print](#)

Dt. of Service	Chief Complaint	Provider	Procedures
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## Patient Personal Record

<b>Meghan, Clark</b>	Sex	Female	DOB	[REDACTED]	Age	20 yrs
Chart # MEGCL0001	SSN #		Phone	[REDACTED]	(H)	

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History](#) | [Add/View Patient Past Address](#)

First Name	Clark	Address1	
Last Name	Meghan	Address2	
Middle Initial		City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Female	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

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Visit Report - Meghan, Clark - 11/25/2013 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Meghan, Clark** Sex : Female

Chart# : MEGCL0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : , , ,

Ref By :

DOS : **11/25/2013 0:00 AM(CST)** (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications**

**Prescriptions and Lab Orders**

**Diagnoses**

**DIAGNOSES**

**Procedures**

**PROCEDURES**

**Disposition**

Patient Name <b>MEGHAN M. CLARK</b>		DOB [REDACTED]		Rep #	
Home Phone [REDACTED]		Cell Phone		Insurance Information	
Address [REDACTED]		Provider <b>Medco</b>		Member ID # [REDACTED]	
City <b>Dallas</b>	State <b>TX</b>	Zip <b>75228</b>	SS #		
Allergies <b>NONE</b>		Diagnosis		Bin # <b>610014</b>	Group # <b>04EACTH</b>

**Colleen Kennedy, MD**

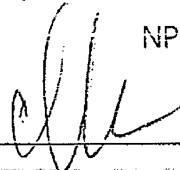
1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature



Date

**11/25/13****Scar Reduction Cream**Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (*PracaSil™-Plus*)\_\_60GMS \_\_120GMS ☒240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_4GMS \_\_8GMS \_\_12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_4GMS \_\_8GMS ☒12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

\_\_60GMS \_\_120GMS \_\_240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

**CONFIDENTIAL****KEN000211**

GX607.008

DOJ-18CR368-0116374



Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing |

Today's List | Open Items | Messages [4 : 0] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout

**Patient Dashboard**

**Clark, Carson**

Principal Provider: Dr. Colleen Kennedy [Health Record](#)

Referring Provider:  
Pri. Care Provider:  
Unread Messages:

SSN # Ext. Rec #: (H)  
Phone   
DOB   
Age 16 yrs 8 mths Sex: Male  
Chart # CLACA0003 Pat. Due \$0.0 [Print Last STMT.](#)

Message Alert

History

Electronic Notes

**Patient's Primary Insurance Details**

Payer / Policy	Group / Plan	Member / Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

**Demographics** **Allergies** **OmniMD Rx History** **Transcriptions** **Messages**

**Insurance Records** **Current Medications** **All Rx History** **Referrals** **CDA**

**Eligibility Info** **Medical History** **Rx Refills** **Form Records** **Lock Users**

**Advance Directives** **Family History** **Rx Change Requests** **Scanned Documents** **Super Bills**

**Patient Confidentiality** **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**

**Patient Annotations** **Immunization** **Lab/Radiology Test Results** **Active Problem List** **Patient Contact**

**Patient Activity History** **HIPAA Disclosure** **Progress Report** **Pending Immunizations**

**Incoming Referral File** **Amendment** **Patient Education**

**Patient Portal Information**

**Billing Note**

**Cases and Visits** [New Case/Visit](#)

Date of Service	Chief Complaint	Attending Provider	Progress	Action
11/25/2013 0:00 AM-0:15 AM MON		AUTO		

**Patient's Recent and Upcoming Health Alerts** [Add Health Alert](#)

Applicable	Category	Health Alert	Status	Action	Communication Type
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**Patient's Future Appointments** [Print](#)

Dt.of Service	Chief Complaint	Provider	Procedures
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## Patient Personal Record

<b>Clark, Carson</b>	Sex	Male	DOB	[REDACTED]	Age	16 yrs 8 mths
Chart # CLACA0003	SSN #		Phone	[REDACTED]		

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History Add/View Patient Past Address](#)

First Name	Carson	Address1	
Last Name	Clark	Address2	
Middle Initial		City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	
Birth State		Fax	
Sex	Male	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

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Patient Name <b>CARSON R. CLARK</b>		DOB [REDACTED]	Rep #
Home Phone [REDACTED]		Cell Phone [REDACTED]	Insurance Information
Address [REDACTED]		Provider <b>Medco</b>	Member ID # [REDACTED]
City <b>Dallas</b>	State <b>TX</b>	Zip <b>75228</b>	SS #
Allergies <b>NONE</b>	Diagnosis		Bin # <b>610014</b>
			Group # <b>24648</b> <b>UNHEALTH</b>

**Colleen Kennedy, MD**

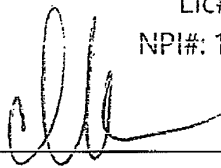
1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature



Date

**7/25/13****Scar Reduction Cream**Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (*PracaSil™-Plus*)\_\_60GMS \_\_120GMS X240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_4GMS \_\_8GMS \_\_12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_4GMS \_\_8GMS X12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

\_\_60GMS \_\_120GMS \_\_240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

**CONFIDENTIAL****KEN000206**

GX607.011

DOJ-18CR368-0116369

Visit Report - Clark, Carson - 11/25/2013 0:00 AM(CST) (OmniMD)

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Patient : **Clark, Carson** Sex : Male

Chart# : CLACA0003

DOB :

Phone : (H),

Address : , , ,

Ref By :

DOS : **11/25/2013 0:00 AM(CST)** (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications**

**Prescriptions and Lab Orders**

**Diagnoses**

**DIAGNOSES**

**Procedures**

**PROCEDURES**

**Disposition**

Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**

Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing |

Today's List | | [Open Items](#) | Messages [4 : 0] | Health Alerts | My Profile | Clinic | GuideLines | Updates | Practice Portal | File Checksum | Upload Certificate | MU Documentation | View Fax Status | Logout

**Patient Dashboard**

**Clark, Michelle**

Principal Provider: Dr. Colleen Kennedy [Health Record](#)

Referring Provider:  
Pri. Care Provider:  
Unread Messages:

SSN # Ext. Rec#: (H)  
Phone  
DOB  
Age 56 yrs Sex: Female  
Pat. Due \$0.0 [Print Last STMT.](#)

Chart # CLAMI0001

Message Alert

History

Edit

Electronic Notes

Enter Keyword

**Patient's Primary Insurance Details**

Payer / Policy	Group / Plan	Member/ Subscriber	Validity	Co-Pay Details	Action
No Primary Insurance Record Exist					

**Demographics** **Allergies** **OmniMD Rx History** **Transcriptions** **Messages**

**Insurance Records** **Current Medications** **All Rx History** **Referrals** **CDA**

**Eligibility Info** **Medical History** **Rx Refills** **Form Records** **Lock Users**

**Advance Directives** **Family History** **Rx Change Requests** **Scanned Documents** **Super Bills**

**Patient Confidentiality** **Social History** **Lab/Radiology Orders** **Patient Flow Sheet** **Patient Ledger**

**Patient Annotations** **Immunization** **Lab/Radiology Test Results** **Active Problem List** **Patient Contact**

**Patient Activity History** **HIPAA Disclosure** **Progress Report** **Pending Immunizations**

**Incoming Referral File** **Amendment** **Patient Education**

**Patient Portal Information**

**Billing Note**

**Cases and Visits** New Case/Visit

Date of Service	Chief Complaint	Attending Provider	Progress	Action
05/24/2016 0:00 AM-0:15 AM TUE		AUTO		
11/25/2013 0:00 AM-0:15 AM MON		AUTO		

**Patient's Recent and Upcoming Health Alerts** Add Health Alert

Applicable	Category	Health Alert	Status	Action	Communication Type
------------	----------	--------------	--------	--------	--------------------

**Patient's Future Appointments** Print

Dt. of Service	Chief Complaint	Provider	Procedures
----------------	-----------------	----------	------------

[Delete Patient](#)

**HELP** Help Desk: 914.332.5590 | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, **Colleen I Kennedy, MD, PA**
[Patients](#) | [Transcriptions](#) | [Appointments](#) | [Charge Capture](#) | [Prescriptions](#) | [Labs/Radiology](#) | [Documents](#) | [Forms](#) | [Referrals](#) | [CMS Incentive Program](#) | [Billing](#)
[Today's List](#) | [Open Items](#) | [Messages \[4 : 0\]](#) | [Health Alerts](#) | [My Profile](#) | [Clinic](#) | [GuideLines](#) | [Updates](#) | [Practice Portal](#) | [File Checksum](#) | [Upload Certificate](#) | [MU Documentation](#) | [View Fax Status](#) | [Logout](#)

## Patient Personal Record

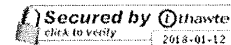
<b>Clark, Michelle</b>	Sex Female	DOB [REDACTED]	Age 56 yrs
Chart # CLAM10001	SSN #	Phone [REDACTED] (H)	

[Modify Patient Profile](#) | [Print View](#) | [Patient Demographics History](#) | [Add/View Patient Past Address](#)

First Name	Michelle	Address1	
Last Name	Clark	Address2	
Middle Initial		City	
SSN		State	
Suffix		Zip Code	
Father Name		Country	
Mother Name		Preferred Phone	
Mother's Maiden Name		Call Preference Order	
Alias Name		Home Phone	[REDACTED]
Date of Birth	[REDACTED]	Work Phone	[REDACTED]
Birth State		Fax	
Sex	Female	Cell Phone	
Guardian		E-mail Address	
Work Status		Driving License	
Industry		Significant Others	
Occupation		Emergency Contact 1	Phone #
Employer		Emergency Contact 2	Phone #
Attorney		Signature on File	
Adjuster		Release of Info Signed	
Student Status		Preferred Language	
Blood Group		Pharmacy	
Race		Consent	
Ethnicity		Disable Health Alerts	No
Smoker		External Rec#	NPI
Marital Status		Treatment Status	
Patient Type		Custom Field1	
Referring Provider		Custom Field2	
Other Ref. Provider		Generate Statement	Yes
Pri. Care Provider		Exemption from Reporting	No
Principal Provider	Dr. Colleen Kennedy	Communication Preference	By Phone
Visit Location	Business Office Dallas	Comments	
Patient Category		No Known Problems	No
		MU Demographic Exclusion	
		Patient Portal Module	Opt Out
		Send Direct Message	Disabled
		Last Payment Date	
		Last Payment Amount	
		Last Modified Date	11/04/2014
		Last Modified By	

[Modify Patient Profile](#) | [Print View](#) | [Patient Portal Information](#) ⓘ
**HELP**
[Help Desk: 914.332.5590](#) | [Report a Problem](#) | [ICD-10 Transition Feedback](#) | [Feedback](#)

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Patient Name <b>MICHELLE M. CLARK</b>		DOB [REDACTED]		Rep #	
Home Phone [REDACTED]		Cell Phone		Insurance Information	
Address [REDACTED]				Provider <b>MEDCO</b>	
City <b>DALLAS</b>		State <b>TX</b>	Zip <b>75228</b>	Member ID # [REDACTED]	
Allergies <b>NONE</b>		Diagnosis		SS #	
				Bin # <b>610014</b>	Group # <b>UHEALTH</b>

**Colleen Kennedy, MD**

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature

Date

**Scar Reduction Cream**Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (*PracaSil™-Plus*)\_\_\_60GMS \_\_\_120GMS 240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_\_4GMS \_\_\_8GMS \_\_\_12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

60gm 120gm 240gm  
~~4GMS~~ ~~8GMS~~ ~~12GMS~~ Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

\_\_\_60GMS \_\_\_120GMS 240GMS Refills 1 2 3 4 5 prn~~Fluticasone~~ 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%**Acetaminophen**  
**50%****CONFIDENTIAL****KEN000214**

GX607.015

DOJ-18CR368-0116377



# UnitedHealthcare

Health Plan (80840) 911-87726-04

Member ID: [REDACTED] Group Number: 701648

Member:

MICHELLE M CLARK

Dependents

TONY R CLARK

MEGHAN M CLARK

CARSON R CLARK

Inspireity Holdings, Inc.

Payer ID 87726 Eff Dt 04/01/2011

*medco*

Rx Bin: 610014

Rx Grp: UHEALTH

Rx Copay: Tier 1 / T-2 / T-3 / T-4  
\$10 / \$35 / \$60 / \$120

Office: \$25 ER: \$200

UrgCare: \$50 Spec: \$50

DOI-0501

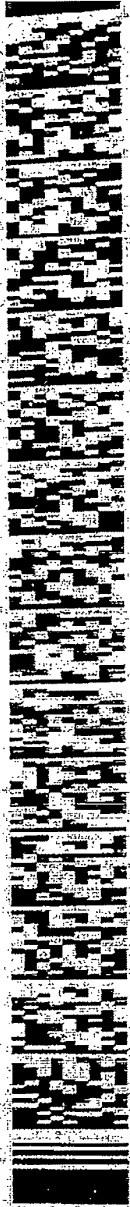
UnitedHealthcare Choice Plus  
Underwritten by UnitedHealthcare Insurance Company

CONFIDENTIAL

KEN000215



Printed: 1

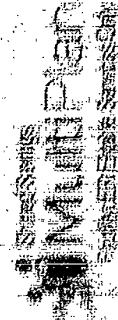


This card does not guarantee coverage. To verify benefits, view claims  
a provider, visit the websites or call.

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866-873-  
3902

For Providers: [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com) 877-842  
Medical Claims: PO BOX 30555, Salt Lake City, UT 84111  
3902



Pharmacy Claims: PO BOX 14711, LEXINGTON KY 40511  
For Providers: 800-922-1557 Members: 877-842-61

CONFIDENTIAL

KEN000216

GX607.017

DOJ\_18CR368-0116379

Visit Report - Clark, Michelle - 11/25/2013 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Clark, Michelle** Sex : Female

Chart# : CLAMI0001

DOB : [REDACTED]

Phone : [REDACTED] (H),

Address : , , ,

Ref By :

DOS : **11/25/2013 0:00 AM(CST)** (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications**

**Prescriptions and Lab Orders**

**Diagnoses**

**DIAGNOSES**

**Procedures**

**PROCEDURES**

**Disposition**

Patient Name <b>MICHELLE M. CLARK</b>		DOB [REDACTED]		Rep #	
Home Phone [REDACTED]		Cell Phone [REDACTED]		Insurance Information	
Address [REDACTED]		City <b>DALLAS</b>		State <b>TX</b>	
Allergies <b>NONE</b>		Diagnosis		Zip <b>75228</b>	
Provider <b>MEDCO</b>		Member ID # [REDACTED]		SS #	
Bin # <b>61004</b>		Group # <b>UHEALTH</b>			

**Colleen Kennedy, MD**

1309 Ridge Rd. Suite 109, Rockwall, TX 75087

214-775-1356 (office) 214-613-2231 (fax)

Lic#: M7325

NPI#: 1508897810

Signature

Date

**Scar Reduction Cream**

Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus)

\_\_\_60GMS \_\_\_120GMS 240GMS Refills 1 2 3 4 5 prn

Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.05%, Prilocaine 3%, Gabapentin 15%

**Psoriasis Cream**

Apply 1-2 grams to affected area 3-4 times daily.

\_\_\_4GMS \_\_\_8GMS \_\_\_12GMS Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%, Vitamin D3 0.03%, Tretinoin 0.012%

**Eczema Cream**

Apply 1-2 grams to affected area 3-4 times daily.

60gms 120gms 240gms Refills 1 2 3 4 5 prn

Fluticasone 1%, Methylcobalamin 0.042%, Coenzyme Q10 2.4%

**Pain Cream**

Apply one application (one pump or 1-2 grams) 3-4 times daily as needed for pain.

\_\_\_60GMS \_\_\_120GMS 240GMS Refills 1 2 3 4 5 prn

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%

**Acetaminophen**  
**30%****CONFIDENTIAL****KEN000218**

GX607.019

DOJ-18CR368-0116381

Visit Report - Clark, Michelle - 11/25/2013 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Clark, Michelle** Sex : Female

Chart# : CLAMI0001

DOB :

Phone : (H),

Address : , , ,

Ref By :

DOS : **11/25/2013 0:00 AM(CST)** (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications**

**Prescriptions and Lab Orders**

**Diagnoses**

**DIAGNOSES**

**Procedures**

**PROCEDURES**

**Disposition**

Visit Report - Clark, Michelle - 05/24/2016 0:00 AM(CST) (OmniMD)

Page 1 of 1

Patient : **Clark, Michelle** Sex : Female  
Chart# : CLAMI0001 DOB : 08/13/1961  
Phone : 214-789-1176(H), Address : , , ,  
Ref By :

DOS : **05/24/2016 0:00 AM(CST)** (15 mins ), Location: CIK Business Office Rockwall

Chief Complaint:

Attended By: Dr. Colleen Kennedy (214-775-1356)

Employer:

**Allergies**

No Allergies Recorded.

**Current Medications**

**Prescriptions and Lab Orders**

**Diagnoses**

**DIAGNOSES**

**Procedures**

**PROCEDURES**

**Disposition**